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05/06/2005 WABDEL3R3 00000012 501505 09207972

01 FC:1501 1400.00 DA  
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Robert C. Kowert

(Depositor's name)

*R. C. Kowert*

(Signature)

*May 3, 2005*

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09207972	12/09/1998	MARK I. GARDNER	5500-36100	7507

**TITLE OF INVENTION:** ULTRATHIN HIGH-K GATE DIELECTRIC WITH FAVORABLE INTERFACE PROPERTIES FOR IMPROVED SEMICONDUCTOR DEVICE PERFORMANCE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	05/25/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
WARREN, MATTHEW E	2815	257-410000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input checked="" type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	1 <u>Robert C. Kowert</u> 2 <u>Meyertons, Hood, Kivlin, Kowert &amp; Goetzel, P.C.</u> 3 _____

**3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)**

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

**(A) NAME OF ASSIGNEE**

Advanced Micro Devices, Inc.

**(B) RESIDENCE: (CITY and STATE OR COUNTRY)**

Sunnyvale, CA

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

**4a. The following fee(s) are enclosed:**

**4b. Payment of Fee(s):**

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 The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 501505/5500-36101 (enclose an extra copy of this form).

**5. Change in Entity Status (from status indicated above)**

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature \_\_\_\_\_

*Robert C. Kowert*

Typed or printed name \_\_\_\_\_

Date May 3, 2005

39,255

Registration No. \_\_\_\_\_

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